PR001 23-Oct-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

1. Accident Type:	2. Accident Class		3. Date/Time of Accident 4. Date/T				/Time of Death 5. Fatal Case No					
Fatal Injury	Slip or Fall of Person			10/17/2013 09:41 AM 10/			10/19	10/19/2013 07:10 PM		14		
6. Mine Information :												
a) Mining Company Name	c) Parent of Mining Company											
National Cement Compar	t Plant	Vicat S A										
7. Mine Location :	b) C	b) County		c) State 8. N			Number:	9. Union:				
Lebec		Kern		CA			04-00213		YES			
10. Primary Mineral Mined:		11. Number of	a) Total b)	Underground	c) Op	en Pit/	Quarry	d) M	ill/Prep Plan	e) Other		
HYDRAULIC CEMENT		Mine Employees:	89				13		46	30		
12. Contractor Name:						13. Uni	ion		14. Contra	ctor ID Number:		
15. Contractor Address:	a) City		b)	County			c) Sta	ite	d) Z	Lip Code		
16. Number of Contractor En	nployees:	a) Total b) Underground	c) Oper	n Pit/Qua	ırry	(d) Mill/Pr	ep Plant	e) Other		
17. Number of Persons in Min	a at Time of Accid	lont		18 Number a	fPerson	e Unaco	ounted Fe					
						18. Number of Persons Unaccounted Fo						
a) Mine Employees: 19) Location of Accident		b) Contractor Employe	es:	a) Mine En	nployees:		0	b) С	ontractor Em			
01-Underground	. 🔲 (03-Open Pit	07-Advance	Mining	X 30-Mi	ill/Prep	Plant	Oth	er (specify)	20. Mining Height: Feet Inches		
02-Surface at Undergrou	ınd 🗀	06-Dredge Mining	08-Retreat		99-Of	ffice Fa	cility	_	`• •/	reet inches		
21. Nonfatal Injuries:		tal Injuries:	T									
ů	0	1										
23. Victim Information :		a) Name		b) Age								
	Ferna	ndo Rivera	<u> </u>	52						 -		
c) Regular Job Title:		d) Activit	y at Time of Acci						X N	Mine Em pl oyee		
Journeyman Elec				Pulling cab								
	eeks Days	Years We	•			s Week	-		~	Years Weeks Days		
a) Total: 5 2		at the mine: 5 24	4 () c) at	activity (23d)	5	24	0	<u>_</u>	Contractor			
25. Autopsy Performed: YES Bakersfield,	If Yes, Location	n					20. M In	e Telepho 661	ne No.:) 248-6733			
27. Description of Accident (in							!) 240-0730	.		
The victim was working fr the ladder. The victim fell												
The information provided in tregarding the cause of the acc 28. Equipment Manufacturer	ident.	ndustries Inc.		represent final o	determin 29. Ma		egarding (of the incide 1F53-0020-	· 		
30. District: M7000 West				rnadino CA	no CA				33. Event Number: 6594946			
34. Accident Investigator:			35. MSHA Per	son Notified:				D	ate	Time		
David E.Reynolds			James	R Fitch				10/17/	2013	09:52 A		
36. Type of Report	mended	37. Name of Preparer	and Date Prepare Mike Harcher	7/1					Date 10/18/20			
38. Reason For Amendment: Items 1, 4, 5, 21, 22, 25	;.											